



**Mountain Circle  
Family Services, Inc**

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**Foster Family Home Application**

Type or print clearly.

<b>1. Applicant(s) First</b>		<b>Middle</b>		<b>Last Name</b>	
2. Previously Licensed or Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No		Dates:			
Type License(s)		Licensing Agency(ies):			
State reason for termination of previous license:					
Address(es) of Previous License(s):				License Number(s)	
City		State	Zip	Phone:	
3. Your Home Address		City	State	Zip	Phone
4. Major Cross Streets			5. Days & Hours Applicant(s) can be reached:		
6. Work Address		City	State	Zip	Work Hours: Phone:
7. Property Ownership: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Lease		Name, Address and Phone Number of Property Owner, If Renting or Leasing:			
<b>8. Persons in the home</b>					
First Name	Last Name	SS#:	Age	Relationship to You	
9. Requested Capacity and Sex of Children: (Ages 0-2) _____ (Male) _____ (Female) (Ages 2-17) _____ (Male) _____ (Female)			10. Type of Children and Number: _____ Non-Ambulatory _____ Ambulatory _____ Special Health Care Needs		

11. Licensee Responsibility- We certify that:
- A. I/We have money to maintain the level of service required in a Foster Family Home by Law.
  - B. I/We have read and understand the regulations.
  - C. I/We shall comply with the laws and regulations governing standards for Foster Family Home.
  - D. I/We shall obtain approval from the licensing agency before making changes in our license.
  - E. I/We shall notify the licensing agency when we want to discontinue our license.
  - F. I/We authorize the licensing agency to renew my/our license if all licensing standards are met at time of renewal.

12. Perjury Statement - I/We declare under penalty of perjury that the statements on this application and accompanying attachments are correct to the best of our knowledge.

Applicant(s) Signatures	City and County where Signed	Date

**Budget Information**

**A. Income (Take Home Pay-Specify if otherwise)**

Source	Amount
	\$
	\$
	\$
Net Monthly Income:	\$

**B. Monthly Outgo**

House payment or rent (Mortgage Payments-include payments on all property)	\$
Transportation (car payments, gas, bus passes and car repairs)	\$
Car Insurance	\$
Food and Household Supplies	\$
Clothing	\$
Insurance Payments	\$
Utilities	\$
Credit account bills	\$
Miscellaneous expenses	\$

**Contract Payments (list below, use additional sheet if necessary)**

Item	Contract Expires	Total Obligation	Monthly Payments
			\$
			\$
			\$
Total Monthly Outgo			\$

Remarks:

<p> </p> <p> </p>
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**Education**

_____ High School	How Many Years: _____	
_____ College	How Many Years: _____	
_____ Graduate School	How Many Years: _____	
_____ Vocational/Trade School	How Many Years: _____	Certificate?: _____

Other (Please list workshops, seminars, and other training's, particularly those that relate to child development or child care):

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Please attach diplomas, training certificates, transcripts, and other documents relating to your education or training.

**Employment information**

(Co-Applicant)

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Years employed: \_\_\_\_\_ Salary: \_\_\_\_\_

Previous Employer:

Job Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Years employed: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Transportation information**

Do you own your own car?  Yes  No

1. Make \_\_\_\_\_ Year \_\_\_\_\_

2. Make \_\_\_\_\_ Year \_\_\_\_\_

3. Make \_\_\_\_\_ Year \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Spouse's Driver's License: \_\_\_\_\_

Other drivers in the home: \_\_\_\_\_

Automobile Insurance Company: \_\_\_\_\_

Type of Coverage: \_\_\_\_\_

Is automobile available at all times?  Yes  No

What other alternative transportation plans do you have? \_\_\_\_\_

Who will care for foster children in your absence or in the case of an emergency?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

FAMILY PHYSICIAN: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Does anyone in your family have physical or mental handicaps or have been in therapy?  Yes  No

If yes, please explain: \_\_\_\_\_

Is this person under a doctor's care? \_\_\_\_\_ Ever been hospitalized? \_\_\_\_\_

Have you or any members of your household ever taken illegal drugs?  Yes  No

If so, what kind? \_\_\_\_\_

Explain circumstances: \_\_\_\_\_

Have you or any of your household ever been sexually molested or physically abused? \_\_\_\_\_

If so, do you have any problem with a social worker discussing this with you? \_\_\_\_\_

List current sleeping arrangements in your home:		
Bedroom	Type of beds	Occupants
1.		
2.		
3.		
4.		
5.		

References: (Please give references with knowledge of your experience and ability working with special needs children)		
Name:	Address:	Telephone ( )
Relationship:		
Name:	Address:	Telephone ( )
Relationship:		
Name:	Address:	Telephone ( )
Relationship:		
Name:	Address:	Telephone ( )
Relationship:		

Credit Report Authorization and Release	
<p>Authorization is hereby granted to Mountain Circle Family Services, Inc. to obtain a standard factual data credit report through a credit reporting agency chosen by Mountain Circle Family Services, Inc.</p> <p>My signature below authorizes the release to the credit reporting agency information to obtain a credit report, and authorizes the credit reporting agency to obtain information regarding my employment, savings accounts, and outstanding credit accounts (mortgages, auto loans, personal loans, charge cards, credit unions, etc.) Authorization is further granted to the reporting agency to use a photostatic reproduction of this authorization if necessary to obtain any information regarding the above mentioned information.</p> <p>Any reproduction of this credit report authorization and release made by reliable means (for example, photocopy or facsimile) is considered an original.</p>	
Applicant's Signature	Date
Co-Applicant Signature	Date

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Please turn in a CD with family photos, or go to the Mountain Circle office for family photos to be taken

cc: Foster Parent Office File  
Foster Parent Home File